SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/018860 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND 2. :3 14 (:8 99 TAL TOTAL TOTAL DEP. TAL BEECH 3.5 T TAL CLAIMS D 6,50 90 OHAY DE USED POR ADDITIONAL CLAIMS OR AMENDMENTS U.S. OFFICE OF THE STATE OF THE ST